

# Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

37621/51001

Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## Title of Invention

IMPLANTABLE DEVICE DELIVERY SYSTEM HANDLE AND METHOD OF USE

First Named Inventor **Mangiardi et al.**

Application No. **10/585,430**

Filing Date **January 7, 2009**

Examiner **Katrina M. Stransky**

Art Unit **3734**

Transmitted herewith is an amendment in the above-identified application.

This is also a petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as shown below (check time period desired).

## Fee Calculation

### Extension of Time Fee

One month (37 CFR 1.17(a)(1))  Two months (37 CFR 1.17(a)(2))  Three months (37 CFR 1.17(a)(3))  
 Four months (37 CFR 1.17(a)(4))  Five months (37 CFR 1.17(a)(5))

### Claims as Amended

For	#Filed	#Previously Paid For	#Extra	Rate	Fee
Total Claims	<b>28</b>	- <b>31</b> =		x <b>60</b> =	
Total Indep. Claims	<b>4</b>	- <b>3</b> =	<b>1</b>	x <b>250</b> =	<b>\$250</b>
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Extension Fee (from above)					<b>\$150</b>
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					<b>TOTAL</b> <b>\$400</b>

## Method of Payment

Deposit Account  Credit Card  Check  Money Order  Other: \_\_\_\_\_

Deposit Account Number **502375**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge the fee(s) set forth above  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 Charge fee(s) indicated above, **except for the filing fee**  
 Credit any overpayments  
 If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Amount Grand Total **\$400**

**Amendment Transmittal & Petition for Extension of Time under 37 CFR 1.136(a)**

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**Correspondence Address**

Customer Number	69821		
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Name			
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I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

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I hereby certify that this Amendment and Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

*(Date of Transmission)*

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*(Signature of Person Transmitting Correspondence)*

**Signature Instructions**

Select the name of the person who will electronically sign the Amendment and Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

**Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.**

Signatory Drop-Down Box

Matthew S. Bethards

Name	Matthew S. Bethards		Registration Number	51,466
Signatory Capacity	Attorney for Applicant(s)	E-mail Address	msbethards@stoel.com	
<input type="checkbox"/> eSign	/Matthew S. Bethards/			Date Signed 10/06/2011